CDC Global Health E-Brief

2nd Quarter **Health Impact through Partnerships** 2010

In This Issue

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Photo Credit: Jim Gathany, CDC

Dr. Margaret Chan, WHO Director-General presented at the 8th Annual Jeffrey P. Koplan Global Leadership in Public Health Lecture at CDC on March 24, 2010. WHO is one of CDC's primary partners in efforts to ensure healthier, safer and longer lives worldwide through science-based health action.

WELCOME to the second quarter 2010 Global Health E-Brief, designed to inform readers about key global health activities at the Centers for Disease Control and Prevention (CDC). Partnerships are the vehicles that drive CDC's global health work to greater health impact. The Director of CDC's Center for Global Health Dr. Kevin De Cock recently stated "Our two most important relationships in global health at CDC are with the World Health Organization and the various ministries of health around the world". This quarter's E-brief highlights the health impact of these partnerships around the world.

UNICEF-CDC Partnership Saves Lives, Reduces Malaria Infections in Rural Indonesia

In some of the most remote of Indonesia's more than 17,000 islands, malaria incidence and deaths among women and children are decreasing thanks to a strong partnership between CDC, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the U.S. Agency for International Development (USAID).

When CDC epidemiologist Bill Hawley began work with UNICEF in Indonesia in early 2005, his focus was prevention of malaria in Aceh after the tsunami. Because eastern Indonesia had a far greater malaria burden, he soon began supporting UNICEF and the Indonesian Ministry of Health to control malaria in the remote areas of Papua, Maluku and Nusa Tenggara, which are home to more than 12 million Indonesians.

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Nearly two-thirds of Indonesians—158 million of the country's more than 240 million people—are at risk of malaria infection. The malaria parasite causes up to several million infections and 40,000 deaths each year in Indonesia. In South Halmahera District—400 islands inhabited by 200,000 people in North Maluku Province—malaria was once the top health problem, Indonesian health officials say.

To address the need, Hawley helped devise a new malaria program that integrated antenatal care and routine immunizations with life-saving malaria interventions for people living in South Halmahera. By doing so, he also advanced the missions of UNICEF and CDC to assist Indonesia in achieving part of Millennium Development Goal 6—by 2015 halt and begin to reverse the incidence of malaria and other infectious diseases.

"Pregnant women and children are especially vulnerable to malaria. Fortunately, we can deliver modern malaria diagnosis and prevention services through existing maternal health and immunization services," said Hawley.

Hawley says neighboring districts in the Maluku Islands are already trying to replicate South Halmahera's success. Similar anti-malaria efforts are under way in several other districts in Indonesia, bolstered by resources from the Global Fund and continued support by UNICEF and its technical partners, CDC and WHO.

South Halmahera's integrated malaria program began in 2006, and today delivers effective malaria control interventions while simultaneously improving antenatal care and immunizations services, strengthening the overall health system. Pregnant women are screened for malaria infections using microscopy or rapid diagnostic tests at their first antenatal care visit. If tests show infection, they are also treated with artemisinin-based combination therapy. Importantly, they also receive a long-lasting, insecticide-treated bed net. Because bed nets are prized in the rural communities, more women are coming for antenatal care. Bed nets are also provided when children complete their basic immunizations. As a result, more children are immunized in a timely manner.

Photo Credit: Edi Purnomo, UNICEF

Mother and child in Maluku under an insecticide-treated bed net.

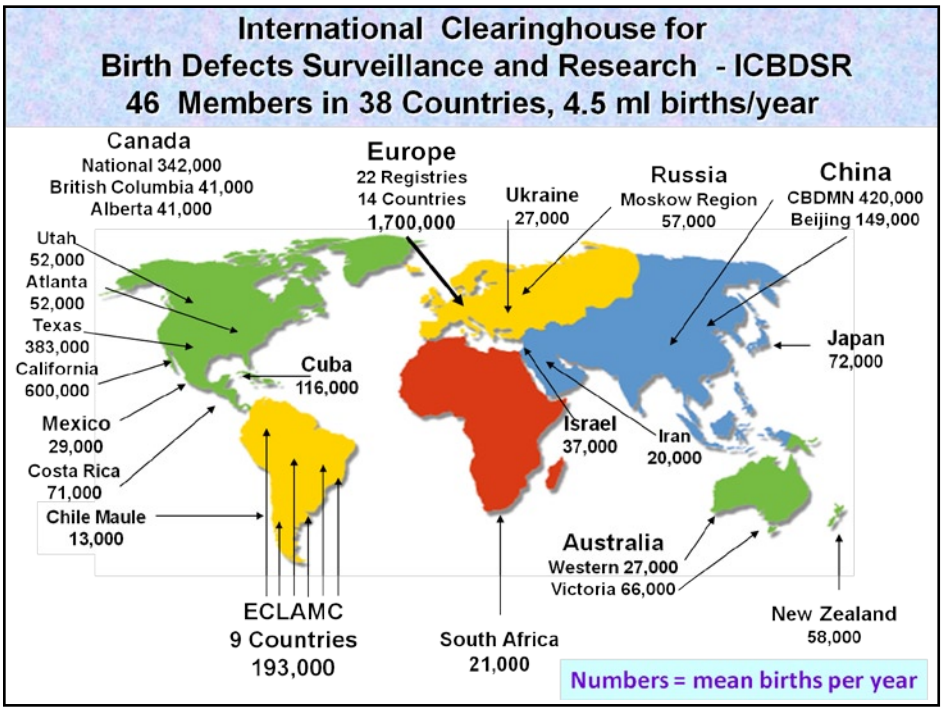
Integrating malaria control with antenatal care and immunization programs has been a huge success. Reported malaria deaths in the district have fallen from 226 in 2004 to 11 in 2009. Over the same period, malaria incidence decreased by 50%, while antenatal care coverage and basic immunizations coverage for children increased. "The malaria program, the antenatal care program, and the expanded program on immunization all benefit, but most important—women and kids benefit," Hawley said.

District-level support was critical. In 2007, the head of South Halmahera District, Muhammad Kasuba, stepped up the anti-malaria program by offering free malaria treatment and other basic health care services. "We have to scrub out this disease altogether so we can start developing our infrastructure," he said. By 2009, district-level funding of the program grew to more than 70% of the total budget. Provincial authorities are increasing allocations for health partly in response to the success of the program and partly in response to the program's visibility—which increased when the Minister of Health of the Republic of Indonesia visited the district on World Malaria Day 2010.

New Birth Defects Partnership Gathers Benchmark Data to Inform Prevention Efforts

CDC has established a new partnership with the International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR), the World Health Organization (WHO) and the March of Dimes (MOD) to expand current surveillance of birth defects to include surveillance for risk factors of birth defects and other pregnancy outcomes.

Goals of the new partnership include an assessment to better understand international risk factors for birth defects and identify areas of the world that would



This map shows an estimate of all the births monitored by the ICBDSR database comprised of data from all the participating programs. Of the 4.5 Million births per year monitored by the ICBDSR, on average 3% of them are expected to some type of major birth defects. Policymakers can use information on the observed prevalence of birth defects in their respective populations to develop prevention initiatives to address the issue.

benefit most from prevention and education programs. This information could serve as a set of benchmarks for monitoring the effect of new prevention programs. An international team is systematically reviewing published reports from different parts of the world to generate databases with the best and most recent estimates of risk factors among women who might or have become pregnant.

"With this information, policy makers worldwide will be able to identify regions of the world and population groups with increased prevalence of modifiable risk factors for birth defects," said Adolfo Correa, CDC representative for the new partnership.

"We also are learning about existing prevention guidelines and policies proven effective in controlling or reducing risk factors such as inadequate intake of folic acid before conception, maternal diabetes, certain infections, medications, smoking, and obesity."

Implementing prevention interventions for these modifiable risk factors remains a major challenge in many countries, partly because information on their prevalence and associated prevention policies is unavailable. Both high- and low-income countries have significant surveillance gaps, and do not collect data on the number of childbearing-age women that smoke, take birth defect-causing medications, or have diabetes. In some cases, data are made available only in technical reports, but not in a summary form that is understandable and actionable by policy makers.

> "This systematic effort to develop databases on modifiable risk factors and prevention policies is an important step towards the prevention of birth defects, preterm birth, and other health problems that affect babies worldwide," said Pierpaolo Maistrocovo, ICBDSR representative.

The partnership plans to share the information with Ministries of Health and other public health institutions in at-risk countries so that prevention efforts can be tailored to specific needs.

According to recent estimates by the March of Dimes, nearly 5 million babies are born worldwide every year with birth defects. Besides the emotional costs for parents, risk of infant mortality, and chronic disabilities, birth defects can be a significant source of child health care costs.

Better Disease Detection through Collaborations in Egypt

Drs. Frank Mahoney (CDC Medical Epidemiologist and former assignee to the U.S. Naval Medical Unit Number Three (NAMRU-3) in Cairo, Egypt) and Maha Talaat (currently Head of the Infection Control Unit at NAMRU-3) had no idea how far their work would reach when they developed a disease surveillance program in 1999 to address public health priorities. Their support of the Egyptian Ministry of Health in implementing national programs in infection control and electronic reporting of infectious diseases helped lay the groundwork for what is now the Global Disease Detection (GDD) Regional Center.

"When I began my work in infection control, I realized that NAMRU-3 is regarded as a distinguished organization, highly respected for its high quality research and for tackling the high priorities and needs of the country," says Dr. Talaat.

NAMRU-3 is the largest overseas medical research facility and traces its roots to 1946, when American scientists and technicians worked with Egyptian physicians at the Abbassia Fever hospital in Cairo, Egypt, as part of President Franklin D. Roosevelt's American Typhus Commission. Since then, NAMRU-3 has established strong relationships that allow it to lead and support infectious disease and public health research, laboratory capacity building, and outbreak response in over 40 countries in the region.

CDC has worked with public health institutions in Egypt in collaboration

with NAMRU-3 since 1980. In 2006, this collaboration was strengthened further by the establishment and integration of the GDD Regional Center as a key program within the NAMRU-3 structure. The Center is a partnership between CDC and NAMRU-3 as well as the Egyptian Ministry of Health and other agencies. The Center utilizes NAMRU-3's state-of-the-art laboratory facilities (including Bio-safety Level 3 labs), builds on NAMRU-3's regional public health partnerships, and is strengthened by the decades of experience the two USG agencies have in the region. An added benefit of the integration is the synergy that the Center personnel bring to NAMRU-3's other key programs in Virology, Vector Biology, and Clinical Trials.

The Center at NAMRU-3 collaborates with the Egyptian Ministry of Health, the U.S. National Institutes of Health (NIH), the World Health Organization (WHO), the U.S. Agency for International Development (USAID), and with multiple Ministries of Health and universities throughout the region. These established partnerships provide an excellent platform for synthesizing information, and harnessing existing infrastructure and resources to conduct activities that allow for early detection and response to emerging disease threats. As a result of these collaborative efforts, the Center has, since 2006, supported:

- Detection of nine pathogens new to the region;
- Effective response to 65 outbreaks at the invitation of affected countries;
- Graduation of 42 future global health leaders from five countries through the Field Epidemiology Training Program (FETP); and
- Participation of 3,540 public health officials from over 30 countries in short-term pandemic response exercises and laboratory trainings.

> "These discussions provided the first opportunity for the countries to meet and understand the similarities and differences among their various systems that make up the regional network," says Talaat. She added that these types of regional collaborations between CDC, NAMRU-3, WHO, and the other partners helps us "to learn from one another, combine resources, and maximize our impact," emphasizing the value of regional networks and relationships.

In addition, the GDD Center recently organized and hosted the First Annual Regional Severe Acute Respiratory Infection (SARI) Network Workshop in Luxor, Egypt from 14-16 December, 2009. This workshop included 48 participants from NAMRU-3; CDC; Ministries of Health in Egypt, Jordan, Oman, Qatar, and Yemen; and representatives from Cairo University Hospital and Ain Shams University Hospital.

Specifically, the Regional SARI Network will help countries increase capacity in epidemiology and surveillance of respiratory infections, strengthen diagnostic capabilities for influenza and other viral pathogens, and eventually improve readiness to respond to any future epidemic or pandemic of influenza in the region.

For more information on CDC's work in the Eastern Mediterranean region and North and West Africa, please visit www.cdc.gov/globalhealth/GDD/egypt.htm.

Photo Credit: Sharon Daves, NAMRU-3/CDC-Egypt

Left to Right: Dr. Emad Mohareb, NAMRU-3, Egypt; Mr. Bill Brady, CDC-Atlanta; Dr. Mark Simmerman, CDC Assignee-Thailand and Dr. Erica Dueger, GDD Director, NAMRU-3/CDC-Egypt discuss the regional SARI work that started with SARI surveillance with Egypt, Oman, and Jordan at the Regional SARI Meeting in Luxor, Egypt.

International Partnership Launches New Blueprint to Wipe Out Rabies Worldwide

In 2009, a Virginia physician visiting family members in India was bitten on the leg by a dog. On October 26, 2009 after returning to the United States, the 42 year old physician went to the ER with onset of chills, leg discomfort, and spontaneous ejaculation over the previous three days. He was discharged and advised to follow-up with

his primary care physician. That evening he developed symptoms consistent with hydrophobia (fear of drinking water) and mentioned to his physician the dog bite and possibility of rabies. His condition deteriorated and he was hospitalized. After 24 days in the hospital, he died of acute, progressive encephalitis (swelling of the brain) Samples were submitted to CDC; rabies was confirmed on October 30th and typed as a canine type of the virus associated with Indian dogs.

Rabies is an illness with the highest case fatality rate of any infectious disease. Rabies is not a rare disease and occurs on every continent except Antarctica. Every 10 minutes someone dies from rabies, and each year approximately 10 million people are exposed to rabid animals. Most human deaths are in countries that have little access and few resources to purchase modern prevention and treatment services, including rabies vaccine.

To prevent unnecessary deaths in the future and to ultimately eliminate canine rabies throughout the world, CDC has helped to form a new international alliance—Partners for Rabies Prevention (PRP).

Photo Credit: Ivan Kuzmin, CDC

Rabies in humans is 100% preventable through prompt appropriate medical care. Yet, more than 55,000 people, mostly in Africa and Asia, die from rabies every year – a rate of one person every ten minutes. The most important global source of rabies in humans is from uncontrolled rabies in dogs.

"By forming this international partnership, we are working to ensure that countries everywhere are aware that rabies is a preventable disease and lives can be saved," said Dr. Charles Rupprecht.

In 2010 Partners for Rabies Prevention finalized a web-based "how-to" blueprint as part of the strategy for eliminating rabies in dogs. The blueprint links existing public health recommendations and scientific guidance with real-life examples of practices that work.

The practices will first be tested in countries where canine rabies is common. The blueprint can also be used by public health officials in countries where there are smaller numbers of animal cases (such as Haiti) and in areas previously considered to be free of the disease (Bali).

Understanding the basics of disease transmission allows better communication about how to prevent rabies, including avoiding contact with animals that may be rabid, the importance of washing the wound with soap and water and seeking first aid, and being evaluated for anti-rabies prophylaxis immediately after a bite.

The new blueprint reflects a commitment by CDC and international partners to prevent human rabies through coordinated action at the local level. Access to accurate information about rabies in multiple languages will allow broader communication about the level of disease in different countries and regions and the risk of contracting rabies from different types of animals.

In the coming year, CDC and the partnership will add to the website new information on rabies in wildlife species and develop a new model for determining the current global burden of the disease, important steps in working towards rabies elimination worldwide.

"Get Smart" Campaign Goes Global to Fight Antibiotic Resistance

Antimicrobial resistance has been called one of the worlds' most pressing public health problems, in part –because it knows no borders. Travel and trade can transport resistant bacteria globally. Deaths from acute respiratory infections, diarrheal diseases, measles, AIDS, malaria and tuberculosis account for more than 85% of the mortality from infection worldwide and development of resistance to antimicrobials is a threat for treating almost all of these diseases. CDC is collaborating with policymakers and scientists around the world to develop and implement specific interventions that support the right way to use antibiotics to cut down on antibiotic use that can lead to resistance.

Dr. Maha Talaat, Deputy Director for Epidemiology and Head, Infection Control Unit for IEIP at NAMRU says, "International partnership and cooperation are important in addressing antimicrobial resistance since the issue has no boundaries—formation of international working groups can help facilitate development of region specific strategies to promote appropriate use of antimicrobials."

In Damanhour, Egypt, Dr. Lauri Hicks medical director for CDC's "Get Smart: Know When Antibiotics Work" campaign, and Dr. Adel Mansour with the International Emerging Infections Program (IEIP) are working with local health officials on an antibiotic prescribing and usage study initiated by the US Naval Medical Research Unit (NAMRU). The USAID funded project

Photo Credit: European Centre for Disease Control

"Take care of your health--Do not abuse antibiotics" Educational Billboard in Malta, during 2009 EU Antibiotic Awareness Campaign.

involves local healthcare providers, pharmacists and patients. CDC's experience with the Get Smart campaign will be used to guide development and testing of antibiotic use educational materials appropriate for Egypt.

Study investigators hope to find out if the campaign, which has successfully contributed to reducing inappropriate antibiotic use in the United States, can help other nations achieve similar results.

The Get Smart campaign focuses on educating healthcare providers and the public that antibiotics should not be prescribed for most upper respiratory infections, like colds and flu, which are caused by viruses. The campaign has been credited with contributing to a 20% decline in prescribing for these conditions in the United States.

About the same time Dr. Hicks was meeting with colleagues in Egypt, CDC EIS Officer Dr. George Nelson joined a 100-year-old pharmacist in the living quarters of his storefront pharmacy halfway around the world in Santa Rosa, Guatemala. Against a backdrop of medicine bottles and posters, the pharmacist described the problems with antibiotic use in his community and talked about customers who asked him to provide antibiotics even though they had no prescription. Unpublished data shows that in Guatemala, one quarter of patients hospitalized for respiratory disease report having taken an antibiotic for their illness, and most say they get the drugs from a health facility or pharmacy. The Ministry of Public Health and Social Assistance in Guatemala has a strong interest in inappropriate antibiotic use and is partnering with CDC to conduct a study on antibiotic prescribing and dispensing in select areas Guatemala.

In Europe, CDC's "Get Smart" campaign and the European Centre for Disease Control and Prevention (ECDC) have collaborated to plan the first joint transatlantic appropriate antibiotic use observance on November 18, 2010. For the 2010 observance over 30 countries in the European Union will promote appropriate use of antibiotics in hospitals and do public education activities. In the US, the "Get Smart" Campaign will support a full week of community awareness activities in collaboration with its national public and private partners.

In addition to the collaborations in Egypt, Guatemala, and with the ECDC, CDC staff were invited by the governments of France, the Czech Republic and Canada to share their expertise in implementing appropriate antibiotic use campaigns. This summer, antimicrobial use and resistance were featured discussion topics during the CDC-hosted International Conference on Emerging Infectious Diseases (ICEID) in Atlanta.

The Get Smart campaign aims to reduce the rate of rise of antibiotic resistance by:

- Promoting adherence to appropriate prescribing guidelines among healthcare providers
- Decreasing demand for antibiotics for viral upper respiratory infections among healthy adults and parents of young children
- Increasing adherence to prescribed antibiotics for upper respiratory infections

HIV Response in Papua New Guinea Gets Boost from CDC-WHO Partnership

CDC and the World Health Organization (WHO) have teamed up to help Papua New Guinea tackle its growing AIDS epidemic. With most of Papua New Guinea's six million people living in rural areas, the government has struggled to develop and implement interventions that reach those most at risk of getting infected with HIV. As a result, the country is one of only a handful in Asia where the HIV prevalence rate is above 1%. Some projections suggest Papua New Guinea's rate could be more than 3% by 2012.

Papua New Guinea's health infrastructure has deteriorated in recent years, as gross domestic product (GDP) per capita has dropped dramatically. People who need care must travel long distances, often on foot, to access even basic services. Few women receive health care when pregnant, and fewer still know how to prevent transmitting HIV to their child.

Since 2008, CDC and WHO have been working with health officials in Papua New Guinea to provide assistance in reducing the number of new HIV infections. They conducted baseline assessments to identify ways to improve the country's HIV response. With their guidance, Papua New Guinea developed a national HIV/AIDS plan and implemented cutting-edge interventions such as counseling and testing services, including early infant diagnosis

– reaching people even in remote rural settings. CDC and WHO strengthened Papua New Guinea's public health infrastructure by designing a national surveillance system, funding a national laboratory for diagnosis and quality management, and training laboratorians and staff at Papua New Guinea's National Department of Health (NDOH) on how to effectively gather and analyze surveillance data to inform policy and program decisions.

This partnership has helped local health care workers develop new skills and improve adult, pediatric, and maternal HIV care in the country. Working with CDC, health care workers adapted a management tool known as HIVQUAL to improve the quality of care given to HIV patients. At the hospitals where the tool is being piloted, health care workers have identified problem areas, explored possible causes of these problems, and taken steps to improve services.

Dr. Eigil Sorensen, WHO's country representative in Papua New Guinea, notes, "Combining forces with CDC here fills technical gaps. Our support of Papua New Guinea is strengthened through this collaboration. For example, we have built up the country's ability to navigate the Global Fund and implement programs with funds that can be quickly used to meet the country's needs."

CDC and WHO are helping Papua New Guinea reach goals established through its grant from The Global Fund to Fight AIDS, TB, and Malaria (GFATM) by providing planning advice, technical assistance, and evaluation of activities supported by the grant. This assistance has helped Papua New Guinea assess the severity of the HIV epidemic, allowing prevention programs to reach those most at risk. This work is foundational to achieving the goals of President Obama's Global Health Initiative: strengthening health systems, leveraging key partnerships, and encouraging country-led plans.

The head of CDC's efforts for Papua New Guinea, Dr. Dimitri Prybylski, began his public health career as a Peace Corps volunteer in Papua new Guinea and has worked as an epidemiologist in 28 countries. He envisions CDC's work leading to sustained HIV interventions throughout the country. "This kind of support complements what other HIV donors and organizations are doing," says Prybylski. "Pairing with WHO ensures that these workforce capacity development models will improve the health of people living with HIV here, as well as improve the overall health system of Papua New Guinea."

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Photo Credit: Suchin Chunwimaleung

CDC's Dr. Chitlada Utaipiboon points out how health outcomes might be improved in Papua New Guinea as Omana Sansip (Left), data manager at Port Moresby General Hospital's Heduru STI, HIV and AIDS Clinic, and Dr. Michal Landi (Center) pediatrician at Mount Hagen General Hospital, look on.

May 2010 Polio outbreak in Tajikistan

CDC provided WHO/Europe with technical support in response to the May 2010 poliomyelitis (polio) outbreak in Tajikistan. This outbreak represents the first importation of polio in the World Health Organization European Region since it was certified polio-free in 2002. CDC supported WHO/Europe mobilization efforts by providing timely, detailed data on global aviation migration patterns and passenger volumes from Tajikistan and neighboring Uzbekistan. WHO/Europe used these data to inform its risk assessment and surveillance planning. According to WHO "As of June 28, 2010, Tajikistan has reported 334 laboratory-confirmed cases of wild poliovirus type 1. There have been 15 deaths. No new cases of acute flaccid paralysis (AFP) had been reported since June 12." For more information visit the WHO Epidemiological Brief on the outbreak.

All cases of Polio during the outbreak in Tajikistan which began in May 2010 have been occurring in the South-Western part of the country: Dushanbe City and surrounding provinces.

Annual Partners for Measles Advocacy Meeting took place on July 26 and 27

The Annual Partners for Measles Advocacy meeting will be held on Monday, July 26 and on Tuesday, July 27, 2010 at the American Red Cross Headquarters in Washington, D.C. The meeting will focus on sustaining the global measles vaccination collaborations that make up the Measles Initiative, credited as a major factor in the 78 % drop in global measles mortality. This year's program will focus on vaccine financing, best practices for measles elimination programs, and advances in measles control. Following the partners meeting the World Health Organization (WHO) is hosting two day workshop to assess the feasibility of measles eradication. The workshop entitled "Global Technical Consultation to Assess the Feasibility of Measles Eradication" will be held at the Pan American Health Organization on Wednesday, July 28 and Thursday, July 29, 2010. Participants will assess the potential for the elimination of measles, discuss target dates for eradication, and make research recommendations.

Investing in the Global Elimination of Congenital Syphilis

The Investment Case for the Global Elimination of Congenital Syphilis (CS) has been spearheaded by WHO, CDC and University College London, with input from UN partners, USAID, CDC Foundation, other academic institutions, NGOs, and health ministries. Aimed at donors, policymakers, and planners, the Investment Case outlines a plan of action to provide intensified financial and technical support to ten countries with high burden of maternal syphilis infection. The document examines the extent of congenital syphilis in economic and health terms, cost-effectiveness of interventions, program scale-up, research gaps, and synergy of CS elimination with antenatal health systems strengthening

Photo Credit Lori Newman.

CDC Medical Officer Dr. Lori Newman and colleagues observe maternal screening service provisions at an antenatal care consult room, Cabo Delgado Province, Mozambique, 2009.

South Africa Selected as Host of the Newest Global Disease Detection Regional Center

In June 2010, South Africa was selected to host the eighth Global Disease Detection (GDD) Regional Center, the second Center in the World Health Organization's (WHO) Africa Region. The decision to establish the Center in South Africa was made following a site visit where in-country CDC colleagues and South African counterparts provided GDD with a clear and compelling case for selection. South Africa's addition to GDD's network of Centers represents an important step in global health capacity building. The collaboration will support the revised International Health Regulations' mission to help countries rapidly detect and respond to emerging health threats.

Other Centers are located in Thailand, Kenya, Guatemala, China, Egypt, Kazakhstan, and India.

World Health Assembly Resolution Prioritizes Viral Hepatitis and designates July 28th World Hepatitis Day

The World Health Assembly adopted the first ever global resolution to prioritize hepatitis in the work of the World Health Organization (WHO) and the broader public health community. Member States accepted the report to the World Health Assembly and adopted the resolution, sponsored by Brazil which, in addition to calling for a comprehensive WHO plan, formally designates July 28th as World Hepatitis Day. WHO estimates 350 million people worldwide are chronically infected with hepatitis B and 250 million with hepatitis C. WHO has been addressing viral hepatitis by promoting immunization and educating on blood and injection safety, but have not been programs for persons chronically infected with hepatitis B or C. As WHO increases its role in hepatitis prevention and control, partnerships will be key for increasing technical and financial

support for these activities within the global health community.

Reaching every last child: Strategic Plan to Eradicate Wild Poliovirus

Reaching every last child was the theme for the launch of the new Strategic Plan 2010-2012 for eradicating wild poliovirus. On June 18th, a broad range of stakeholders formally launched the plan, renewing global efforts to eradicate polio at the WHO Headquarters in Geneva. The Ministers of Health of Nigeria, Angola and Senegal, along with other senior health ministry officials, existing and potential funders, vaccine manufacturers and key partner organizations spoke at the event. The meeting was co-hosted by WHO Director-General Margaret Chan and the new UNICEF Executive Director Tony Lake to discuss implementation, monitoring, economics and financing of the new plan. CDC's approach to monitor the Strategic Plan was presented by Dr. Anne Schuchat, Director of CDC's National Center for Immunization and Respiratory Diseases and Dr. Kevin De Cock, Director of CDC's Center for Global Health.

Photo Credit: Sona Bari, WHO

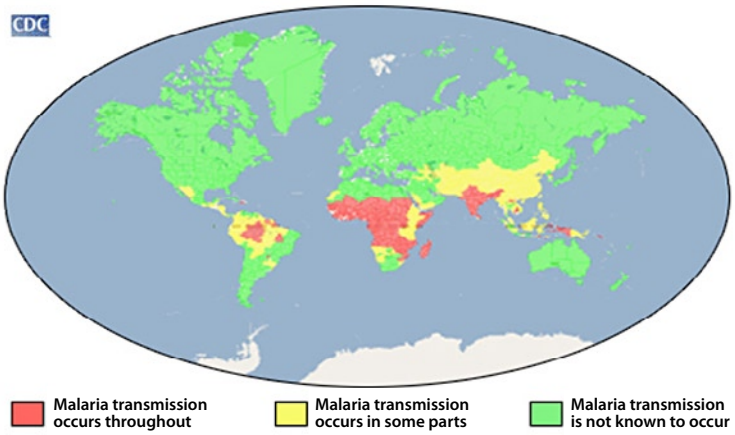
As long as a single child remains infected, children in all countries are at risk of contracting polio. Between 2003 and 2005, 25 previously polio-free countries were re-infected due to imports of the virus.

CDC Monitors and Helps Prevent U.S. Cases of Malaria Acquired Globally

CDC protects people in the U.S. from malaria by monitoring rates of U.S. cases of malaria (a reportable disease) to detect increases of concern, providing guidance to U.S. international travelers to prevent infection, and advising physicians on the accurate diagnosis and treatment of malaria cases in the United States.

The most recent data (2008) have been released, and they represent a slight decrease over the previous years. The total number of reported malaria cases was 1,298; there were 2 deaths. A little more than half (51%) of the cases were acquired by people who arrived or returned from 1 of 3 countries: Nigeria (25%); India (14%), and Ghana (12%). In most of the cases, U.S. civilians who got malaria abroad had not taken or adhered to a recommended regimen of drugs to prevent malaria. Where the species was known, 70% were attributed to Plasmodium falciparum, the most dangerous of the malaria parasites.

The full surveillance report can be found at the Morbidity and Mortality Weekly Report (MMWR) website.



This map shows an approximation of the parts of the world where malaria transmission occurs.

Building Capacity of Africa's Labs

In 2008, the WHO-African Regional Office announced the "Laboratory Accreditation Scheme" to strengthen laboratories in Africa. This historic effort, being implemented through CDC's Division of Global HIV/AIDS, operates under the guidance of WHO and PEPFAR. This effort in Cameroon took a major step forward on May 5, 2010 at Buea Regional Hospital with the launch of a laboratory information management system (LIMS) pilot the "Basic Laboratory Information System" (BLIS). Last year, the hospital was chosen (along with three others in Cameroon) as a pilot laboratory for BLIS, which is designed to permit effective information management and ensure that patients' lab test results are accurate, accessible, delivered on time, secure, and confidential. The system will provide a solid foundation for comprehensive laboratory management from the point at which specimens come in to the time when the test results go out.